

Welcome to Creekside Christian Church! Upon completion, please return this form to the Children's Ministry check-in attendant. The attendant will then assign your child(ren) to the appropriate classroom and print a name badge and receipt tag which will complete the check-in process. If you have more children to register, please fill out the parent/guardian name and child section on another form and attach it to this one.

### Parent/Guardian 1

Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Marital Status ☐ married ☐ single ☐ separated  
☐ divorced ☐ widowed

Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Your relation to child: \_\_\_\_\_

### Parent/Guardian 2

Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Marital Status ☐ married ☐ single ☐ separated  
☐ divorced ☐ widowed

Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Your relation to child: \_\_\_\_\_

### Child 1

Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_

☐ Male ☐ Female

Allergies/health issues/restrictions:

\_\_\_\_\_

### Child 2

Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_

☐ Male ☐ Female

Allergies/health issues/restrictions:

\_\_\_\_\_

### Child 3

Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_

☐ Male ☐ Female

Allergies/health issues/restrictions:

\_\_\_\_\_

### Child 4

Name \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_

☐ Male ☐ Female

Allergies/health issues/restrictions:

\_\_\_\_\_

### Emergency Contact: (Used if none of the phone numbers listed above can be reached.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_



By checking this box, I understand that participation in Children's Ministry programs carries certain physical risks and do hereby release Creekside Christian Church of Elk Grove and their representatives from any liability due to accident or injury incurred by my child. In the event that my child is injured while under the care of Creekside Christian Church and its representatives and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary. I also authorize Creekside Christian Church to publish photos on their websites and brochures for promotional purposes only.